

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10187267

FILING DATE

APPLICANT(S)

118101 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*	*	*
51	/	
52	/	
53	/	
54	/	
55	/	
56	/	
57	/	
58	/	
59	/	
60	/	
61	/	
62	/	
63	/	
64	/	
65	/	
66	/	
67	/	
68	/	
69	/	
70	/	
71	/	
72	/	
73	/	
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
TOTAL IND.	3	
TOTAL DEP.	23	
TOTAL CLAIMS	28	